

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

FILED ON 2 1968 18 Primary Registration District No. 1003 REGISTRAR'S No. 12184-62-048532 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

3

4 2

5 1

6

7 1

8 1

9

10

11

12 83-0

13

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u> | | c. CITY OR TOWN <u>ALTON</u> | |
| Length of stay in 1b <u>10 DAYS</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VAH, 915 N. GRAND AVE.</u> | | d. STREET ADDRESS (If outside, give location) <u>3180 BELLE</u> | |
| Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>EDGAR LITTLE</u> | | 4. DATE OF DEATH Month Day Year <u>12/18/62</u> | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>NEGRO</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>6/14/25</u> |
| 9. AGE (last birthday) <u>37</u> | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and state or country) <u>PLANTERSVILLE, MISSISSIPPI, U.S.A.</u> | | 12. CITIZEN OF WHAT COUNTRY | |
| 13a. FATHER'S NAME <u>RUBEN LITTLE</u> | | 13b. MOTHER'S MAIDEN NAME <u>HESTER WILLIAMS</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>HATTIE LITTLE</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW-II</u> | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT <u>HATTIE LITTLE (WIDOW) SEE #2</u> | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>UREMIC PNEUMONITIS</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <u>UREMIA</u> DUE TO (c) <u>CHRONIC GLOMERULONEPHRITIS</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>HYPERTENSIVE CARDIOVASCULAR DISEASE</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | INTERVAL BETWEEN ONSET AND DEATH <u>592X</u> | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. // attended the deceased from <u>12/8/62</u> to <u>12/18/62</u> and last saw him alive on <u>12/18/62</u> Death occurred at <u>12:50 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Donald K. Baeh. M.D.</u> | | 22b. ADDRESS <u>VAH, ST. LOUIS, MO.</u> | |
| 22c. DATE SIGNED <u>12/18/62</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>12-22-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Alton Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Alton, Illinois</u> |
| 24. FUNERAL DIRECTOR <u>Russell Funeral Home</u> | | 25. DATE RECD. BY LOCAL REG. <u>DEC 19 1962</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u> | | | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George W. Lowry
Russells Funeral Home

Licensed Embalmer No. 6169

P. O. Address 1924 Central Ave.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.